

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015913

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179 Primary Registration District No. 4292 Registrar's No. 62 STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/5910570
20576-2

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4 C5 1

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7 18 C9434.1

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1290-213-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 8 1962

1. PLACE OF DEATH
a. COUNTYLINCOLNb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNWINFIELDLength of stay in 1b
2 MONTHSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONMAPLE ST.Inside Limits
Yes ☒ No ☐c. CITY
OR TOWNWINFIELDd. STREET
ADDRESSMAPLE ST.

(If outside, give location)

Inside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
GEORGE ELTON THURMOND4. DATE
OF DEATHMonth Day Year
MAY 2, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-8-87

9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)RETIRED PLATER

10b. KIND OF BUSINESS OR INDUSTRY

TOOL & DIE SHOP

11. BIRTHPLACE (City and state or country)

KENTUCKY

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOHN THURMOND

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

ROSE THURMOND15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)NONONE

16. SOCIAL SECURITY NO.

17. INFORMANT

ROSE THURMOND

Address

WINFIELD, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory FailureINTERVAL BETWEEN
ONSET AND DEATH3 minutesConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Congestive Heart Failure1 year

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 1, 1962 to May 2, 1962 and last saw him alive on April 18, 1962
Death occurred at 1:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph P. Peck, D.O.

22b. ADDRESS

Winfield, Mo.

22c. DATE SIGNED

5-2-6223a. BURIAL, CREATION,
REMOVAL (Specify)BURIAL

23b. DATE

5/5/62

23c. NAME OF CEMETERY OR CREMATORY

WINFIELD

23d. LOCATION (City, town, or county)

WINFIELD, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

O'GARLAN C. RICKSEASBERRY, Mo.

25. DATE RECD. BY LOCAL REG.

5-2-1962

26. REGISTRAR'S SIGNATURE

Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

MAY 2 1962

Licensed Embalmer No. 4012

P. O. Address Elmhurst, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.